



## Persistent long-term urinary incontinence post parturition

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**Category:** Midwifery

**Study type:** Cohort study

**Authors' Declarative Title:** Persistent Long-Term Urinary Incontinence Post Parturition –

**Citation:** MacArthur C, Wilson D, Herbison P, et al. Urinary incontinence persisting after childbirth: extent, delivery history, and effects in a 12-year longitudinal cohort study. BJOG. 2016 May;123(6):1022-9.

### Implications for practice and research

- There is a high incidence of long-term postpartum urinary incontinence [associated with spontaneous vaginal delivery; with maternal factors such as excessive weight and increased age as additional risk factors](#).
- Delivery [exclusively](#) by caesarean section confers an advantage against developing postpartum urinary incontinence in the early, intermediate and long term.
- Therapeutic interventions should be studied to ascertain efficacy in reducing the incidence and severity of such incontinence.

### Context:

Whilst post-partum urinary incontinence is a well documented phenomenon, long-term incontinence has not been studied and reported particularly well. This study follows on from the authors' previous work, which identified and examined a high incidence of urinary incontinence as late as six years after childbirth<sup>1</sup>. [This high incidence was noted to be related to increased maternal weight and age, in addition to an increased incidence with vaginal delivery<sup>1,2</sup>](#).

### Methods:

Validated questionnaires were distributed to women in three separate maternity units in the UK and New Zealand at three months, six years and twelve years postpartum. Incontinence was classified in terms of type and stratified as to severity and impact on quality of life. Multiple logistic regression was deployed to identify potential correlations between urinary incontinence type/severity with obstetric, demographic and ethnographic factors.

### Findings:

Response rates were 48% at 12 years (3763 subjects), with an incontinence incidence of 38%. If incontinence was reported at three months, it was likely to persist at 12 years (76%). *De novo* incontinence developed in 33% of subjects at six years and 25% at twelve years. Stress incontinence was commonest, followed by mixed, and then urgency. Urinary loss was significant in most subjects, requiring pad use and high levels of interference with quality of life. Despite this, most women had not received therapeutic intervention. Incontinence was less prevalent if deliveries were exclusively by caesarean section, but more common with advancing maternal age and obesity.

### Commentary:

This study provides valuable results in early and long term postpartum urinary incontinence. The incidence rates are high and the extent of incontinence sufficiently severe to impact negatively on the quality of life of the participants. These high rates and impacts persist in the long term and the authors also highlight the development of *de novo* incontinence in the follow-up period.

The authors comment that the response rates are low at longer term follow-up, yet half of the initial subjects remained within the study at twelve years, indicating a relatively low attrition rate compared with previous studies in the literature <sup>2</sup>.

The study highlights the protective effect of caesarean section against developing urinary incontinence, but only if this has been the exclusive mode of delivery. The study also confirms the already known effects of obesity and advancing maternal age as negative influences on continence rates following childbirth.

A surprising finding was that despite high incontinence rates, significant symptom severity and negative impact on quality of life, the majority of women had not received therapeutic intervention for their incontinence. Whether this reflected patient avoidance of seeking treatment or prevention; or an absence of such being offered remains unclear and may warrant further study.

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2. Thom DH, Rortveit G. Prevalence of postpartum urinary incontinence: a systematic review Acta Obstetrica et Gynecologica. 2010; 89: 1511–1522

**Competing Interests:**

None.